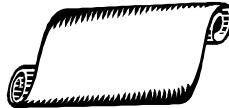


FINDINGS AND RECOMMENDATIONS
FROM THE
EFFECT OF REALIGNMENT ON THE DELIVERY OF MENTAL
HEALTH SERVICES
AS THEY PERTAIN TO THE DEVELOPMENT
OF THE
PERFORMANCE OUTCOME SYSTEM



BACKGROUND

In accordance with Section 5772 (l) of the Welfare and Institutions Code, the California Mental Health Planning Council is given the power and authority to “assess the effect of realignment of mental health services from the state to the counties on the delivery of those services, and report its findings to the Legislature, the State Department of Mental Health, local programs, and local boards no later than January 1, 1995.” In compliance with this statute the CMHPC prepare the report entitled *Effect Of Realignment On The Delivery Of Mental Health Services*. This report contains findings and recommendations related to the overall effects of realignment as well as the effects of realignment on funding, accountability, local governance structures, and implementation of system reforms from the California *Mental Health Master Plan*.

Specific to performance outcome measures, the report addresses the process for establishing policies and procedures for collecting performance outcome data and the implementation of performance outcome measures. As stated in the report, the impetus for developing performance outcome measures is as follows.

Performance outcome measures were established in statute as a counterbalance to greater local flexibility and autonomy and to gauge the system’s progress toward accomplishing system reform. In addition, performance outcome measures are designed to make the accomplishment of the mental health system more tangible to policymakers in the Legislature and on county governing bodies. Specifically, performance outcome measures are intended to quantify for each county measurable changes in the lives of clients to determine if mental health services are improving basic aspects of clients’ quality of life.

ESTABLISHING POLICIES AND PROCEDURES FOR COLLECTING DATA

The Council's assessment of the process for establishing policies and procedures for collecting performance outcome data finds that

The project for developing performance outcome measures lacks a forum where stakeholders can formulate mutually acceptable policies for implementing the project.

This basis for this finding is the Council's interpretation of the Welfare and Institutions Code that the responsibility for the development of performance outcome measures "has been diffused among the primary stakeholders" including the Department, local mental health departments, mental health boards and commissions, the Council, and county governing bodies. The report references sections in the Welfare and Institutions Code that identify the responsibilities of these entities relative to performance outcomes. However, the sections referenced assign different responsibilities to these entities. For example the development of performance outcome measures is assigned to the Department through the Performance Outcome Committee, whereas the review and approval of outcome measures is assigned to the Council. Mental health boards and commissions, as well as local mental health departments, the Council, and the Department are required to report data and/or findings to various governing bodies.

Nevertheless, the Council identifies a myriad of committees established by the stakeholders, that "has a legitimate need to receive updates on the project and formulate recommendations to the DMH." The report identifies the following problem and makes the following recommendation,

The problem arises when these recommendations (performance outcome-related committees) conflict as has happened on issues of sampling technique and instrument design. A central committee where all stakeholders can work out differences no longer exists.

Recommendation *The California Mental Health Planning Council should convene and provide support to a group of key stakeholders involved in implementing this project. This group should provide leadership by developing policy and resolving conflicts among stakeholders on issues related to the performance outcome project. This group should be patterned after the Statewide Training Plan Committee established to implement the joint decision-making process in WIC Section 4061.*

IMPLEMENTATION OF PERFORMANCE OUTCOME MEASURES

The Council's assessment of the implementation of performance outcome measures makes separate findings for the Department, the Council, county government (mental health boards and commissions), local mental health departments, and governing boards. Relative to the Department, the Council's findings are as follows:

The DMH needs to provide technical assistance in the analysis and interpretation of performance outcome data to the CMHPC, local mental health departments, and MHB/C.

The DMH is responsible for developing and disseminating the survey instruments to local mental health departments and analyzing the data from the completed surveys. Many stakeholders view the DMH as the “bricks and mortar” of the performance outcome measure project. Stakeholders have turned to the DMH for guidance in how to interpret performance outcome data fairly and consistently.

The Council recommends:

- *The DMH should develop a preface to accompany every discussion of performance outcome data that reviews the statistical concepts of sampling methodology, validity and reliability. This preface should include how these methods were applied to the performance outcome data collection techniques, including the process of field testing.*
- *The DMH should provide a monograph or other document with sufficient information to enable the mental health scientific community to assess the methodology, the data, and their limitations.*
- *The DMH should make relevant information available to the CMHPC and to all counties to assist in the interpretation of data, including as a minimum:*
 1. *the Meinhardt prevalence study in a summarized, user-friendly format;*
 2. *other demographic data available from state sources, such as age distributions, ethnic composition, and poverty levels; and*
 3. *all performance outcome data so each county can do its own data analysis.*

The Council also finds and recommends:

The DMH has not complied with the requirement to develop performance outcome measure for state hospitals.

The DMH should comply with its statutory mandate to develop performance outcome measures for state hospitals as soon as possible.

Findings pertaining to the Council, county government, local mental health departments, and governing boards pertain to the utilization of performance outcome data. For example, the finding for the Council is that “The CMHPC has not yet used the performance outcome data for system oversight and accountability;” and for county government, “MHB/Cs have not yet begun to work with performance outcome measures.

CONCLUSIONS

The Planning Council's report, *Effect Of Realignment On The Delivery Of Mental Health Services*, contains findings and recommendations related to the effects of realignment on the California mental health system. Relative to the development of performance outcomes, there appears to be some misinterpretation of the legislation. However, in the findings, the Council identifies the Department as having the responsibility for development and implementation of a performance outcome system. Stakeholder committees joined the development effort, however their role is identified as advisory to the Department. The Council identifies its own role as including oversight and accountability, and the roles of local mental health departments, county government, and governing bodies as including disseminating and utilizing outcome data and reports.